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Garforth Urban District Council.



ANNUAL REPORT

ON THE

Health and Sanitary Conditions

OF THE DISTRICT

FOR THE YEAR 1947

BY

A. L. TAYLOR, M.D., D.P.H.,

(MEDICAL OFFICER OF HEALTH)

AND

R. A. NAYLOR, C.R.S.I., M.S.I.A.,

(SANITARY INSPECTOR.)

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(SANITARY INSPECTOR.)

Garforth Urban District Council.

Chairman of the Council:

Councillor G. W. Young, J.P.

Vice-Chairman:
Councillor W. A. Holmes.

Public Health Committee:
Chairman—Councillor P. Gent, J.P.

Vice-Chairman—Councillor A. Prince.

Councillor H. Cowes. Councillor S. Oxtoby.

Councillor J. Kilburn, J.P. Councilior J. Parker.

Councillor E, Linley. Councillor W. Prince.

Councillor G. Marshall. Councillor A. Ridgway.

Medical Officer of Health:

Dr. A. L. Taylor, M.D., D.P.H.

Sanitary Inspector:

R. A. Naylor, C.R.S.I., M.S.I.A.

Clerk to the Council: B. G. Taylor.

Garforth Urban District Council.

COUNCIL OFFICES,
GARFORTH.

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR 1947.

To the Chairman and Members of the

Garforth Urban District Council.

Gentlemen,

I have the honour to submit to you this, my first, Annual Report on the Health and Sanitary Circumstances of the Urban District for the year 1947. Incorporated with it is the report of the Sanitary Inspector.

In this Report, I propose to follow fairly closely the lines of its predecessors but hope subsequently to amplify very considerably the information contained herein in order that a more comprehensive review may be obtained of the health and social conditions of the area.

GENERAL STATISTICS.

Area (Acres)	4,000
Population	12,220
The number of inhabited houses	
according to the rate book	,
Rateable Value	£47,754
Sum represented by Penny Rate	£181

SOCIAL CONDITIONS.

The District is partly residential in character, the majority of houses being of the "working class" type. One colliery is working and the majority of the working population are employed in adjacent collieries and factories.

VITAL STATISTICS FOR THE YEAR 1947.

Comparability Factor.—This has again not been issued and all the figures below are uncorrected by such a factor.

LIVE BIRTHS:—	Total	Male	Female
Legitimate	289	144	145
megremiaee	7	4	3
Birth rate per 1,000 o	f the estin	nated	
resident population—	23.6		

STILL BIRTHS:-	Total	Male	F	'emale
Legitimate	10	7		3
Illegitimate	0	0		0
Rate per 1,000 population			- • •	0.8
Rate per 1,000 Total (Live		till) birth	s ··	32.7

DEATHS OF INFANTS:-

Under one year of age per 1,000 births:-

	Total	Male	Female
Legitimate	9	7	2
Illegitimate	0	0	0
Rate per 1,000 live births	, .	* * *	31

Number of women dying in, or in consequence of childbirth:— 0.

DEATHS FROM ALL CAUSES:-

Total	Male	Female
127	76	51

Death rate per 1,000 of the estimated

resident population 10.4

Remarks on Total Statistics:—The above figures may be regarded as very satisfactory. The Birth rate at 23.6 shows a satisfactory increase on last year and is appreciably higher than the rate for England and Wales which stands at 20.5. It is gratifying to note that no death occurred as a result of, or associated with, pregnacy or childbirth.

I include herewith a Table showing the Birth Rate for the past five years in comparison with that of England and Wales.

 Year		Garforth	En	igland & Wales
 1943	4 • •	18.4	0 0 D	16.5
1944		21.4		18.1
1945	13 ● ●	18.8	* * *	16.1
1946		21.1	* * *	19.1
1947	• •	23.6		20.5

Death Rate:—Here again the Death Rate of 10.4 shows a decrease on 1946 and is considerably better than that for the country as a whole.

The following table shows the Death Rate for the past five years:—

Year		Garforth		England & Wales
1943		11.6		12.1
1944		11.5		11.6
1945	• 9 •	10.7		11.4
1946	* * *	10.7		11.5
1947	P 9 P	10.4		12.0

Chief Causes of Death:—As the average age of the population increases and the deaths in younger age groups become fewer, it is inevitable that the causes of death should increasingly become those to which the older age groups are peculiarly prone. Thus, in 1947, there were 15 deaths from Cancer and 65 from diseases of the heart and Circulatory system. Thus it will be seen that approximately two-thirds of all the deaths were due to these two main causes.

A detailed list of causes of death is printed a little further on in this Report.

Infantile Mortality: The Death Rate of infants under one year of age per thousand live births shows an increase on last year. At the same time, it will be noted that at 31 the rate is considerably lower than that for England and Wales and must be regarded as satisfactory. It will be appreciated that in dealing with comparitively small numbers a difference of one or two deaths can cause the Infantile Mortality to fluctuate widely and thus, in making comparison it is better to take an average of a period of several years. If this is done it will be seen that the Garforth Infantile Mortality Rate shows consistently favourable comparison with the country as a whole. It is believed that congenital conditions associated with the birth of the infant are the cause of an almost irreducible number of deaths estimated at approximately 20 per thousand, and I hope, in my next Report to prepare a Table setting out the causes of infant deaths in your area.

One further point is that no infantile death and no stillbirth occurred amongst the illegitimate infants and this may be considered a satisfactory indication of the care which is taken in ensuring the welfare of unmarried mothers and their babies.

The following is a table showing the Death Rate of Infants under one year of age per 1.000 live births:

Year		Garforth	En	ngland & Wales
1943	4	42.7		49.0
1944		36.1	* * *	46.0
1945		22.9		46.0
1946		20.0	0 • •	43.0
1947	4 ds F	31.0		41.0

PREVALANCE and CONTROL of INFECTIOUS DISEASES

Perhaps the outstanding feature worthy of comment is the continued absence of Diphtheria. I think it is not too much to claim that this disease is now no longer likely to occur in epidemic form. So long as Immunisation is continued, and the highest possible percentage of the children thus protected,

outbreaks such as were experienced in the old days cannot occur. At the same time, it is important to remember that the Diphtheria germ is always present in the noses and throats of about 5 per cent of the child population and it would be unwise to relax our efforts in securing that all children are Immunised at or about one year of age.

No successful method of protection against Whooping Cough has yet been introduced, but carefully controlled experiments now proceeding in various parts of the country are hoped to produce successful results and we may look forward with some confidence to the provision at an early date of facilities by which babies can be protected against Whooping Cough in the same way as they are now protected against Diphtheria. It is of interest to note that deaths from Whooping Cough now give a higher total throughout the country than those from Diphtheria. This is particularly the case in very young babies.

The year under review showed a high incidence of Measles. It is a well-known phenomenon in this disease that large outbreaks occur approximately every two years. The reasons for this are understood but the control of Measles has so far not proved possible. Here again experiments are continually being carried out and it may be that in the not too far distant future we shall find it possible to protect against this disease also.

Infantile Paralysis:—You will remember that the Summer of 1947 was marked by a nation-wide epidemic of this serious and disabling disease. I am glad to be able to report that only one case occurred in your area and that this was one of the less serious type.

Influenza:—Epidemic Influenza did not occur and no death from this disease was recorded.

Ophthalmia Neonatorum:—No case of this condition occurred and this satisfactory immunity may, I think, be attributed partly to the introduction and use of new Drugs and particularly of Penicillin which is of extreme value in such circumstances.

Smallpox: —Once again no case of smallpox occured in the area. Vaccination is still being carried out but I estimate that at the moment not more than about 35 per cent of the child population are being vaccinated. This perhaps does not matter so long as the disease is not introduced into the community. It is necessary to point out, however, that should an epidemic occur, the demand for vaccination will be so great that it may not prove possible to supply all the lymph required in the space of a few days. Thus I would strongly urge mothers to have their babies vaccinated as soon after birth as possible, in order to ensure a high level of protection amongst the general public.

Tuberculosis:—Eleven new cases of Tuberculosis were reported during the year, 7 pulmonary and 4 non-pulmonary. There were four deaths from pulmonary tuberculosis.

Tuberculosis is a disease which is peculiarly associated with bad housing and working conditions, lack of fresh air and adequate nourishment. It is thus imperative in the control of this disease, to ensure the highest possible standards of housing and nutrition. There is evidence to suggest that a slight diminution in incidence is being experienced, but the struggle is very long drawn out and many years

must elapse before we can say with certainty that an appreciable improvement has been affected. In the case of sufferers from Tuberculosis who are "infectious", that is in whose sputum there exists the Tubercle bacillus, it is imperative that sleeping accommodation should be provided to ensure no avoidable risk of infection to any other member of the household. For this reason I shall continue to press for a high degree of priority to be given to families in whose home it is impossible to segregate in a separate bedroom infectious cases of Tuberculosis. This measure must be regarded as a means of preventing spread and not as a means of curing the unfortunate patient.

Scarlet Fever: -27 cases occurred during 1947, and I note that all were admitted to Hospital. Of recent years there is general agreement amongst Fever Specialists and Medical Officers of Health that the routine admission of all Scarlet Fever cases to Hospital is neither necessary nor desirable. opinion is based on the knowledge that the present type of Scarlet Fever is extremely mild and usually has no complications. Further, that Hospitalisation has not the slightest effect on the incidence or prevalence of the disease and finally, that the admission of a mild, uncomplicated case to an open Ward carries with it the risk that the patient becomes cross-infected from a possibly more serious case. which may prove detrimental to his wellbeing. It is therefore my intention to discuss with the Practitioners in the area the desirability of keeping Scarlet Fever cases at home except where special circumstances exist which, in the opinion of the family doctor makes removal to Hospital desirable.

NOTIFIABLE DISEASES (OTHER THAN TUBERCOLOSIS) DURING THE YEAR 1947.

		Total cases notified	Cases admitted Hospitals	Total Deaths
Small Pox				***************************************
Scarlet Fever		27	27	
Diphtheria		-		
Enteric Fever (Paratypho	oid)			
Puerperal Fever		address a		
Puerperal Pyrexia		-	***************************************	
Erysipelas	• • •	-	**********	
Poliomyelitis		1	1	
Pneumonia		3		4
Ophthalmia Neonatorum		-	-	
Cerebro-Spinal Fever		***************************************	-	
Encephalitis Lethargica				
Measles		178	_	
Whooping Cough		26	employ-ten	1
Totals		235	28	5

The following is a list showing the prevalence of Scarlet Fever and Diphtheria during the last ten years.

				Notifie			DEA	
Year		Scarlet F	ever	Diphthe	ria	Scarlet F	ever.	Diphtheria
1938		3		7				
1939		18		-		-		1
1940		22		5				
1941		17		19				1
1942		23		16				2
1943		30		2				
1944		36		1		1		
1945	• • •	32						
1946		18						
1947		27						

														•
Total.	7	26	37	40	32	78	9	က	0	4	0	23	235	
вinomnэnЧ	•		•				:	:	:	-		7	က	
gniqoodW dgnoO	್ಲ	9	4	2	က	[-		•		-		•	26	
zə[zrə]VI	4	18	30	35	29	19		•	•	•	•	:	178	
BirəhthqiA quorO bas	• •	•	:	:	•	•	•	•	•	•	•	•	:	
Белгіет Течег	•	2	2	ಣ	:	10	10	က	•	22		•	27	
sidiləy moilo I	•	•	1			o ,		•	:		P vi e	•		
Age Periods	0	:	2	 	4	<u></u>	10	61	20	25	45	65 and over	Totals	

NEW CASES OF TUBERCULOSIS AND MORTALITY DURING THE YEAR 1947.

			New C	Cases			De	Deaths	
Age Periods		Respiratory		Non-Re	Non-Respiratory	Respiratory	atory	Non-Re	Non-Respiratory
		Male	F errale	Male	Female	Male	Female	Male	Female
· · · · · ·	:				•	0 0	not the consideration of the constant of the c		•
•	:		•	0 6 9	•	0 0	e 6 0	•	:
* * *		:	0 0		-	6 9 1	9 9	9	•
	*	:	C1	:	•	•	•	•	•
*		77	•	* *	2	-	* •	•	6 0
0 0	*	೫		•	•	23		0 0 •	•
:	٠	:	0 0	•	•	0	0	* *	•
* * *	•	*		*	•	,	•	*	•
and upwards		•	* *	:	•	•	•	* * *	0 0
Totals	:	5	2		ಣ	4	•	•	•
Totals	,	C	N	7	0	41		:	

CAUSES OF DEATH IN THE GARFORTH URBAN DISTRICT, 1947.

Cause of Death	Males	Females	Cause of Death	Males	Females
ALL CAUSES	76	51			
1 Typhoid and Paratyphoid Fever 2 Cerebral Spinal Fever 3 Scarlet Fever 4 Whooping Cough 5 Diphtheria 6 Tuberculosis of respiratory System 7 Other forms of tuberculosis 8 Syphilitic Diseases 9 Influenza 10 Measles 11 Acute Poliomyelitis and Polioencephalitis 12 Acute infantile encephalitis 13 Cancer of buc. cav; and oesoph.(M.) uterus (F.) 14 Cancer of stomach and duodenum 15 Cancer of Breast 16 Cancer of all other sites 17 Diabetes 18 Intra-cranial vascular lesions 19 Heart Disease 20 Other diseases of circulatory system 21 Bronchitis 22 Pneumonia 23 Other respiratory diseases 24 Ulcer of stomach or duodenum 25 Diarrhœa, under 2 years 26 Appendicitis 27 Diarrhœa, under 2 years 26 Appendicitis 28 Carcer of Spiratory 29 Carcer of Stomach or duodenum 20 Other disease, under 2 years 20 Carcer of stomach or duodenum 25 Diarrhœa, under 2 years 26 Appendicitis	1 7 17 19 1 3 4 2 1	1 1		1 1 1 3 1 3 1 5 7 7 	1 1 1 1 1 1 1 2 3 2

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA

Public Health Officers for the Local Authority.

The Staff consists of the Medical Officer of Health and the Sanitary Inspector, with one Clerk. The Medical Officer is also appointed to two adjacent County Districts and acts as Divisional Medical Officer for the Local Health Authority in respect of those services administered by the latter.

CLINICS AND TREATMENT CENTRES.

These are staffed and administered by the Local Health Authority, the West Riding County Council. There are Maternity and Child Welfare Centres at Garforth, Kippax and Allerton Bywater. Ante-Natal Clinics are held at Garforth and Kippax and it is hoped, if possible, to open a third at Allerton Bywater in the near future. There is a Tuberculosis Dispensary at Garforth which is attended weekly by the County Tuberculosis Officer. Venereal Diseases obtain treatment at the General Infirmary at Leeds or the Clayton Hospital, Wakefield.

The Nursing facilities in the area comprise three Health Visitors, three Domiciliary Midwives and two Home Nurses; these latter were formerly known as District Nurses and are now employed and administered by the County Council in accordance with the provisions of the 1946 National Health Service Act.

INFESTATIONS.

It is pleasant to report that Scabies, so far as can be ascertained, has now disappeared completely. This condition was very prevalent during the War years and caused considerable discomfort. When necessary, cases can be treated at special Clinics either at Rothwell or Castleford.

There is no evidence to suggest any prevalence of infestation by lice amongst the general public, and the School Nursing Service ensures that the heads of school children are regularly inspected to guard against this condition.

LABORATORY FACILITIES.

Bacteriological examinations are undertaken at the County Laboratory at Wakefield, all information and facilities being readily made available, and the service works extremely satisfactorily.

AMBULANCE FACILITIES.

(a) For Infectious Diseases.

During 1947, the Tadcaster Rural District Fever Ambulance was used for the transport of infectious cases. It seems likely, in the light of new knowledge and legislation, that the use of special ambulances for this type of case will be discontinued, and that the gen eral ambulances will be used. This method has been used in some parts of the country for a considerable time with great success, and no cases of infection are known to have occurred as a result.

(b) For Non-Infectious, Maternity and Accident cases.

The Council's own Ambulance and that of the Kippax St. John and Miners' Welfare serve the district adequately. Here again, the 1946 National Health Service Act will involve transference to the County Council, and great changes in the Ambulance Services are anticipated.

HOSPITALS.

Infectious Diseases are still received into Garforth Cliff Isolation Hospital. It seems likely that the near future will see a closing down of many small fever hospitals which are now no longer regarded as efficient and economic units. This is owing to the greatly decreased severity and incidence of the common infectious diseases and the acute staffing difficulties which are universal. It seems likely that one large central Fever Hospital will be found to supply adequately the needs of an area many miles in extent.

Cases of acute illness, both surgical and medical, are readily admitted to the Hospitals in Leeds and Wakefield areas. There is, however, a serious, long standing, and growing need for the provision of Hospital accommodation for chronic cases and for the aged sick. It must be realised that we are facing a period when, owing to the increasing expectation of life, a much larger proportion of the population than hitherto will reach an age when illness due to conditions such as Cancer, Stroke, and other distressing and long-continuing disabilities must be expected. It is to be hoped that the newly constituted Regional Hospital Boards will bear this fact very much in mind and will make every effort to provide for this very great need.

Mortuaries.

The Council owns two mortuaries, one being situated in Garforth and the other in Allerton Bywater.

SANITARY CIRCUMSTANCES OF THE AREA.

Water: Water is purchased in bulk from Leeds Corporation. It is of an exceptionally high standard of purity and the supply has been adequate and constant throughout the year. Only two samples were taken during 1947 for bacteriological examination, but in adjoining areas with an identical supply, these have been found to be universally satisfactory. There are no stand-pipes nor wells in the district.

DRAINAGE AND SEWERAGE.

There is an urgent need existing for a complete reorganisation of sewage disposal in the district. I am glad to say that this is under consideration at the present time, and negotiations have reached an advanced stage for the provision of one centrally situated sewage disposal plant. The existing works are quite unable to cope with any additional sewage and it is not easy to maintain the desired standard of effluent demanded by the Rivers Board. This means that, at the moment, a considerable number

of privies existing in relation to quite good property cannot be converted, but this matter will, I hope, be given earnest and early attention as soon as the sewage can be adequately treated.

CLOSET ACCOMMODATION.

No. of privies with open Ashpit		
No. of pail or Tub Closets	• • •	4
Privies with covered Middens		815
No. of Water Closets		2,634
No. of Chemical Closets		4

Public Conveniences: There are modern, underground Public Conveniences provided at Garforth consisting of three W.C.'s and one Urinal. Need exists for similar accommodation at Kippax and Allerton Bywater and progress is being made in regard to its provision:

HOUSING.

(a)	Proceedings under Public Health and Housing A	cts:
	(1) Number of dwelling-houses in respect of which notices were served requiring	
	defects to be remedied (2) Number of dwelling houses in which	151
	defects were remedied after service	1.40
	of formal notices (b) Proceedings under Section 11, Housing	148 Act,
	1936:— (1) Number of dwelling houses in respect	
	of which Demolition Orders were made (2) Number of dwelling houses demolished	3
	in pursuance of Demolition Orders	3
2.	Number of new houses erected during 1947:-	
	(a) By Local Authority (b) By Private Enterprise	$\begin{array}{c} 27 \\ 24 \end{array}$
		-

Total ... 5I

3. Housing Conditions.

- (1) Total number of houses in the district 3531
- (2) Number of working-class houses included in the above ... 3186
- (3) General observations as to Housing conditions.

There is a marked difference in the housing circumstances of Garforth compared with the other two villages of Kippax and Allerton Bywater. In the two latter are areas of ancient and extremely dilapidated property which, in normal times, I should, without hesitation, include in Clearance Groups. this course is not, at the moment, allowed, I shall, wherever possible, represent individual unfit houses when the provision of a new Council house can be assured. It must be remembered that, particularly in Kippax, many of the houses are of such antiquity that their very fabric is perished to a degree which makes any sort of repair completely impracticable. These houses cannot be made fit for human habitation at any cost, in my opinion, and I intend forthwith to make a thorough investigation of all such property in the area.

The areas in Allerton Bywater liable to recurrent flooding are also those where the property is hopelessly old and damp. Measures are being taken to minimise the flooding, but as much of this is due, in my opinion to water backing up the drains, it is impossible to view with optimism the outcome of the measures at present being taken. The whole area should be treated as a Clearance Area at the earliest possible moment, and I shall continue to advocate this course on every possible occasion.

Overcrowding exists throughout the District and on the entirely inadequate allocation of new houses, the task of the House Letting Committee is not an enviable one. At the same time, I must express my hope that the broadest possible view will be taken of the housing needs throughout the area, both in letting and in allocating new housing provision throughout the Urban District.

INSPECTION AND SUPERVISION OF FOOD.

1. Milk and Dairies Order.

(1)	Number of visits to Cowkeepers		• • •	68
(2)	Number of Cowsheds visited		• • •	12
(3)	Number of Milk Cows			94
(4)	General Conditions and Type of C	ow	F	air
(5)	General Cleanliness of Cows		G	ood
(6)	General Conditions of Sanitation		G	ood
(7)	Chief Methods of Milk Disposal		Retai	iled
	· ·		Loca	ally

The Cowsheds have been maintained throughout the year in a reasonably satisfactory condition.

II. Water Food and Drugs.

Samples of water taken for analysis	2
Samples of water condemned as unfit for use	Nil
Seizure of unwholesome food 8 cwts.	1qr.
Convictions for exposing or selling	
unwholesome food	Nil
Samples of food and drugs taken for	
analysis (Milk)	Nil
Samples of food found adulterated	Nil

III. Other Foods.

Number of Samples (other than Milk)	
taken by officers of Local Authority	
for examination under the Food and	
Drugs (Adulteration) Act, 1938	Nil
Number found adulterated	Nil
Number of Prosecutions	Nil
Number of bakehouses in the district	10
Total Inspections	30
Number of underground bakehouses	Nil

CHEMICAL AND BACTERIOLOGICAL EXAMINATION OF FOOD.

Examinations under this head are carried out by the West Riding County Council and no adverse reports have come to my notice during the year.

BUTCHERS' SHOPS AND SLAUGHTERHOUSES.

Slaughtering is still carried out almost entirely at the Leeds Abbatoir.

SHOPS ACT, 1934, SECTIONS 10 and 13 (3).

There were 25 visits made under the above Act during 1947, and unsatisfactory conditions were found and remedied in four cases.

I cannot conclude without expressing to the Chairman and Members of the Public Health Committee my warmest thanks for the kindness and co-operation which they have shown me since my appointment.

To Mr. R. A. Naylor, the Senior Sanitary Inspector I should also like to say "Thank You" for the extremely able and co-operative manner in which he has constantly carried out his duties. Mr. Naylor is no stranger to me, as he was, before his appointment to Garforth, second Sanitary Inspector in a County District of which I was Medical Officer of Health, and it is gratifying to find that he has gone from strength to strength in his professional ability.

I am, Gentlemen,

Your obedient Servant,

A. L. TAYLOR.

Medical Officer of Health.

SANITARY INSPECTOR'S REPORT.

Summary of Work done in the Sanitary Inspector's Department in the year 1947.

I.—Public Health Acts— Particulars.	No. of Informal Written Notices by Inspector	No. of Statutory Notices by Authority	No. of Nuisances abated after Notice.
Dwelling Houses and Schools— Foul Conditions Structural Defects Lodging Houses Dairies and Milkshops Cowsheds	Nil 180 Nil 3 2	Nil 12 Nil 3 2	Nil 192 Nil 3 2
Bakehouses Slaughterhouses	2 Nil	2 Nil	2 Nil
Ashpits and Privies Deposits of Refuse and Manure	17 2	2 Nil	$\frac{17}{2}$
Waterclosets	5 3	1 Nil	4 3
Defective Traps No disconnection from Sewers Defective Cesspools Water Supply Pigsties	10 Nil 4 11	Nil Nil Nil 2 Nil	8 Nil 4 11 1
Animals improperly kept Offensive Trades Smoke Nuisances Other Nuisances Nuisances outstanding from 1946 Shops Acts Sanitary Accommodation	Nil	Nil Nil Nil 2 Nil Nil	Nil Nil 7 Nil Nil Nil 4
Temperature Totals	954	Nil 26	Nil 262

II.—Water, Food and Drugs.	Number,
Samples of Water taken for Analysis Samples of water condemned as unfit for use Seizures of unwholesome food Convictions for exposing or selling unwholesome food Samples of Food and Drugs taken for Analysis (Milk) Samples of food found adulterated	Nil 8 cwts. 28 lbs. Nil Nil Nil
III.—Precautions against Infectious Diseases. Lots of Infectious Bedding stoved	27 20 1 Nil Nil
IVGeneral. Number of new houses erected during the year Number of such houses occupied during the year Ashpit privies converted into Ash-Closets Ashpit privies converted into Water Closets New W.C.'s to existing property Pail closets converted into Water closets Total Number of Water closets in the District Total number of Ashpit Privies in the District	51 51 Nil 11 Nil Nil 2630 815

INSPECTIONS OF FACTORIES, WORKSHOPS & WORKPLACES, including Inspections made by the Sanitary Inspector during the year

	Number of			
Premises	Inspec-	Written	Occupiers	
(1)	(2)	Notices (3)	prosecuted (4)	
Factories (including Factory Laundries)	3	•••	•••	
Workshops (including Workshop Laundries)	21	• u •	•••	
Work places (Other than Outworkers Premises				
Total	24		*	

DEFECTS FOUND IN FACTORIES, WORKSHOPS & WORKPLACES.

Particulars.	Found	nber of D Redemied	Number of offences in respect of which Prosecutions were instituted	
(1)	(2)	(3)	(4)	(5)
Nuisances under the Public Health Acts:— Want of Cleanliness	 1 	 1 		
Total	2	2		

R. A. NAYLOR, CR.S.I., M.S.I.A.

Sanitary Inspector.

